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# KENT COUNTY COUNCIL

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EDUCATION COMMITTEE

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## ANNUAL REPORT

OF THE

## SCHOOL MEDICAL OFFICER

For the Year 1944

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CONSTANT PONDER, M.A., M.D., D.P.H.  
*School Medical Officer*

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PUBLIC HEALTH DEPARTMENT,

COUNTY HALL,

MAIDSTONE.

14th May, 1945.

**To the Chairman and Members of the Education Committee.**

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit herewith Dr. Fox's report on the work of medical inspection and treatment of school children in the County of Kent for the year ended 31st December, 1944.

As Dr. Fox has retired from the post of Deputy School Medical Officer as from April of this year, after thirty-six years' work for the Kent Education Committee, I should like to take this opportunity of expressing my appreciation of the loyal support which he has invariably given to me in my work as School Medical Officer.

In future years we shall undoubtedly look back upon 1944 as one when, in spite of a Great War, Parliament saw fit to recognize the need for urgent reform in educational matters by passing the Education Act, 1944. In the clauses of this Act the importance of the medical care of children is fully recognized and ample opportunity is now given for a unification of the School Medical Service throughout a County area. Without such unification it is not possible to bring to the highest standard this very important branch of medicine. Furthermore, for an efficient service it is of the utmost importance that what in the past we have spoken of as school medical inspection should not only be carried out by highly experienced doctors, but also that it should be closely correlated with the work of the hospitals and other activities for which the Public Health Committee is responsible. At the present time it is not quite clear in what direction the work will be re-organized, but one thing is quite certain that an opportunity is now forthcoming of re-organizing the care of children to such a standard that the Service may be one of which the Council can be justly proud.

It is gratifying to note the extension of the school midday meal system. I feel sure that this measure is one which will play an important part in developing the healthy child.

On all sides one hears it recorded that the nutrition of the school child has suffered little, if at all, as the result of the war; one may be grateful that in this direction, at any rate, the authorities have realised the vital importance of preserving a high standard of health in the coming generation.

In what will presumably be my last report to your Committee, I should like to take the opportunity of referring with gratitude to the invaluable support given to me by all Members of the Kent Education Committee during the period in which I have held the office of School Medical Officer, and for the energy, enthusiasm and loyalty displayed by all members of my staff. I would also wish to express my very grateful thanks to the Headmasters, Headmistresses and all the Staff of the Kent County Council for the great help and encouragement given by them to our work.

I am,

Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient servant,

CONSTANT PONDER,

School Medical Officer.

## REPORT ON THE MEDICAL INSPECTION and TREATMENT of SCHOOL CHILDREN, 1944.

### STATISTICS :—

Area of the administrative County ... ..	971,288 acres.
„ „ County elementary education area ... ..	897,784 acres.
Estimated population of administrative County in 1943...	1,169,400
Number of elementary school departments ... ..	540
„ of children on the roll May, 1944 ... ..	80,355
„ of schools for Further Education ... ..	65
„ of pupils on the roll Autumn term, 1944 ... ..	20,737

STAFF.—There are now three specialist doctors on the staff, a whole-time ophthalmologist, a whole-time psychiatrist, and a half-time ear, nose and throat surgeon. Mr. R. F. Roberts, M.B., Ch.B., D.P.M. was appointed as Senior Assistant School Medical Officer (Psychiatry) as from 9th October, 1944. He was on the Committee's staff before the war, and for the last 2½ years has been working as a Psychiatrist to His Majesty's Forces till he was released.

There have been no other considerable changes. A statement giving the number of doctors and other officers employed, whole or part time, is not strictly comparable with similar statements for previous years, nor with those furnished by other authorities. The table below may be more useful :—

### DOCTORS :—

No. of half days devoted to medical inspections ... ..	3732
„ „ „ school clinics ... ..	616
„ „ „ maternity and child welfare work... ..	630

### DENTISTS :—

No. of half days devoted to dental inspections ... ..	541
„ „ „ work at dental clinics ... ..	5574
„ „ „ maternity and child welfare work ... ..	890

### HEALTH VISITORS :—

No. of half days spent in schools ... ..	2629
„ „ spent at school clinics ... ..	2499
„ „ spent visiting parents of school children ... ..	3224

MEDICAL INSPECTION.—It has been found possible in the larger part of the County area to carry out full medical inspection of all groups of children. Resignations of staff and illness have borne most severely in one particular district. At the end of the year, these conditions continue to operate. Recurrence of enemy action became severe in North West Kent about mid-summer and naturally attendances suffered but the effects on the total amount of work done during the course of the year are surprisingly small. Routine inspections reached 23,700 as compared with 25,000 for 1943.

NUTRITION.—We all think we know what this term means—till we are asked to define it. Then it is found to refer to a complex condition capable of definition only by the use of terms equally indefinite. It is not to be wondered at, therefore, that ascertainment is at least as vague ; especially when it is recalled that even in such matters as defective vision or hearing, there is wide divergence in the findings of different doctors. The mean results however vary within only narrow limits, and it is generally considered that they are of value, at least for comparative purposes in the same area. Table 2 gives the nutritional classification of nearly 24,000 children. It follows closely the corresponding table for 1943, the only difference being that appreciably more children of “ excellent ” nutrition were reported during the year under review, the “ normals ” being fewer to the same extent. Certain districts always give the impression of being below the average, and war conditions have effected little change. No doubt this impression of high prevalence of malnutrition is increased by reason of associated conditions—a depressing environment, uncleanness and neglected clothing, for local statistics do not afford uniform support to appearances.

Nutritional “ surveys ” have not been done. They should prove of value in the future when arrangements can be made for the adequate investigation of individual cases of malnutrition.

It can be stated that taking the County as a whole there is no evidence of deterioration of nutrition among school children.



SCHOOL MEALS.—The School Meals Service continued to expand during 1944 in spite of renewed enemy aerial activity of all kinds during the year, and the fact that during the latter part of the year, almost all building work on school canteens was held up for the more urgent repair to damaged houses. The Government evacuation of school children in the summer naturally caused a temporary decline in the number receiving school dinners and milk.

The Committee has been unable to open either of the two Ministry of Food Emergency Cooking Depots in their area earmarked for the provision of school meals owing, in one instance, to failure to procure the necessary kitchen labour and, in the other, to lack of building labour to provide the necessary washing-up arrangements at the reception schools.

In spite of these difficulties, during the year 10 new school kitchens have been opened and 3 more transferred to new and larger premises. In addition, 27 schools have been added to the list of those receiving meals from school canteens and 6 to those receiving meals from British Restaurants.

There are now 127 school canteens and central kitchens serving 255 school departments and 44 schools receiving meals from British Restaurants.

The following figures show the number of children in elementary, secondary and further education schools receiving dinners and milk during 1944. The figures are for a normal day in the month concerned. It will be noted that they show steady expansion up till early June, 1944, and a considerable reduction for elementary schools and a lesser reduction for secondary schools following on evacuation :—

					<i>No. of pupils in schools concerned</i>	<i>No. of pupils taking dinners</i>	<i>No. of pupils taking milk.</i>
ELEMENTARY SCHOOLS :—							
February, 1944.	...	...	...	...	68,905	23,479	53,618
Early June, 1944.	...	...	...	...	70,618	25,421	56,677
October, 1944,...	...	...	...	...	56,007	20,525	41,073
SECONDARY SCHOOLS :—							
February, 1944	...	...	...	...	12,944	8,799	8,768
June, 1944.	...	...	...	...	12,980	8,920	9,341
October, 1944....	...	...	...	...	12,043	8,577	8,730
FURTHER EDUCATION INSTITUTES :—							
February, 1944.	...	...	...	...	4,463	3,306	3,107
June, 1944.	...	...	...	...	4,522	3,518	3,159
October, 1944....	...	...	...	...	4,819	3,670	3,066

In October, 1944, nearly 4,250 of the children having milk were having it free and over 700 were having free meals.

#### MILK IN SCHOOLS—PATHOLOGIST'S REPORT.

For various reasons there was a diminution in the number of samples of School Milk examined bacteriologically, and of the 289 samples examined 6.6% failed to comply with the prescribed standards. This percentage of failing samples, although slightly higher than in the previous year, must be regarded as satisfactory having regard to present day conditions.

Owing to the increasing number of Schools being supplied with milk in bulk, it became evident that many supplies were not being sampled as it was impracticable to employ the existing arrangements for the sampling of such supplies. Accordingly arrangements were made whereby samples were taken each term from these bulk supplies and submitted to the biological test for tubercle bacilli only. 7 raw milks were found to contain tubercle bacilli during the year representing a low figure of 2.43% of the total raw milk samples examined biologically. None of the 72 samples of Pasteurised milk showed evidence of living tubercle bacilli.

## TOTAL SCHOOL SUPPLIES FOR THE YEAR 1944.

(With corresponding Figures for 1943).

TERM		PASTEURISED		ORDINARY		ALL MILKS	
		FAILED	PASSED	FAILED	PASSED	FAILED	PASSED
SPRING	1944	0 (-)	67 (100.0%)	0 (-)	76 (100.0%)	0 (-)	143 (100.0%)
	1943	0 (-)	188 (100.0%)	2 (1.4%)	140 (98.6%)	2 (0.6%)	328 (99.4%)
SUMMER	1944	7 (25.9%)	20 (74.1%)	7 (17.1%)	34 (82.9%)	14 (20.6%)	54 (79.4%)
	1943	16 (11.6%)	122 (88.4%)	18 (18.4%)	80 (81.6%)	34 (14.4%)	202 (85.6%)
AUTUMN	1944	0 (-)	37 (100.0%)	5 (12.2%)	36 (87.8%)	5 (6.4%)	73 (93.6%)
	1943	1 (0.6%)	166 (99.4%)	4 (3.5%)	109 (97.5%)	5 (1.8%)	275 (98.2%)
TOTAL	1944	7 (5.3%)	124 (94.7%)	12 (7.6%)	146 (92.4%)	19 (6.6%)	270 (93.4%)
	1943	17 (3.4%)	476 (96.6%)	24 (6.8%)	329 (93.2%)	41 (4.8%)	805 (95.2%)

## RESULTS OF BIOLOGICAL TESTS ON SCHOOL MILKS DURING THE YEARS, 1940, 1941, 1942, 1943 AND 1944.

				1940	1941	1942	1943	1944
Raw Milks.	{	No. Examined.	... ..	304	301	229	239	288
		No. Positive for Tubercle	...	17	15	9	6	7
		Bacilli	... ..	5.59	4.98	3.01	2.31	2.43
		Per cent. Positive for Tubercle	...					
Pasteurised Milks	{	No. Examined	... ..	98	80	80	75	72
		No. Positive for Tubercle	...	—	3*	1	—	—
		Bacilli	... ..	—	3.75	1.25	—	—
		Per cent. Positive for Tubercle	...					

\* In each case, the milk was obtained from large distributing dairies outside the county. In two cases the same dairy was involved and the milk subjected to the "Flash" pasteurisation process only. In the other case, the milk would probably be subjected to a pasteurisation process, but no information is available as to the method.

## MEDICAL TREATMENT.

*Minor Ailments.*—The school clinics are open in the mornings as often as may be necessary (which is every morning at the larger centres) for the treatment of minor ailments. In addition, treatment is carried out at the schools and at the children's homes. Some of the County districts have established cleansing stations at which not only school children but parents and children under school age can be treated. This has relieved the problem of the control of scabies, which has become much less prevalent according to the returns furnished by the school nurses. These are summarised below :—

Ringworm, scalp	...	...	...	...	...	9
„ body	...	...	...	...	...	43
Scabies	...	...	...	...	...	929
Impetigo	...	...	...	...	...	1,467
Other Skin Diseases	...	...	...	...	...	1,478
Minor Eye Defects	...	...	...	...	...	687
Minor Ear Defects	...	...	...	...	...	263
Miscellaneous (e.g. Minor Injuries)	...	...	...	...	...	2,870
						<u>7,746</u>

Considered over a long series of years perhaps the most striking improvement has been in the prevalence of ringworm of the scalp, which is now less than one-tenth of earlier incidence.

*Lousiness.*—Table 5 shows the position with regard to infection with lice. This is the meaning of "unclean" in nearly all cases. Six per cent. of children are infected and this figure has varied but little from year to year. Intensive efforts have been made by the nurses to improve specially bad cases. It is hoped to supplement their endeavours by means of cinema films demonstrations. There has been a greater number of examinations and on an average each school has been visited every two months.

It will be noted that Table 5 refers to Section 87 of the Education Act, 1921. The 1944 Act, Section 54, is in similar terms with the important difference that it becomes obligatory on a Local Education Authority to make arrangements for the cleansing of children. Hitherto, the Attendance Byelaws have been relied upon, in the absence of approved cleansing stations, if prosecution has become necessary.



*Defective Vision.*—There have been no changes in the organisation of the ophthalmic services in the Committee's area. A whole-time School Oculist visits most of the clinics in rotation and sees children referred by the assistant school medical officers at their school inspections. The work has to be supplemented by help from another member of the staff who visits the remaining clinics. When reorganisation becomes necessary (and possible), it will probably be considered undesirable that any doctor should give most of his time to routine refraction, any more than that doctors should be employed whole time in carrying out medical inspections in the schools.

In some parts of the Country it is found that a far larger percentage of children attend the eye clinics than in Kent. Five times as many may be seen and twice as many be prescribed glasses. Perhaps it is not always remembered that all departures from normal are not "defects" and that defects do not necessarily require correction. On the one hand a child should not be burdened with glasses unless he is handicapped by reason of bad sight or suffers from symptoms arising from his defect. On the other hand in some cases of hyperopia, the relief afforded by glasses is dramatic, i.e., a child thought to be mentally defective, may become almost normal after a few months.

Orthoptics is a word referring to a mode of treatment for "squint" or "cast" based on systematic exercises for the establishment of binocular vision among other things. Orthoptic clinics have not been established in the administrative area hitherto, because of conflicting reports with regard to their value, the great waste of school time involved, and the high cost.

*Chronic Tonsillitis and Adenoids.*—Operative treatment for tonsils and adenoids is undertaken by most of the hospitals throughout the County. There has been a small fall in the number of children treated in 1944, viz., 1726 as compared with 1866 in 1943.

*Defective Hearing and Ear Disease.*—An aural specialist is employed half-time by the Committee for conducting the various aural clinics throughout the area. He is assisted by a whole-time aural nurse who in addition holds further clinics for "following-up" treatment.

The aural surgeon, Mr. T. P. Gill, F.R.C.S. reports on the year's work as follows :—

	New Cases	Treatments
Otitis Media ... ..	258	1,143
Nasal Catarrh ... ..	162	1,008
Catarrhal Deafness ... ..	120	733
Tonsils and Adenoids ... ..	415	—

*Dental Defects.*—The dental staff consists of 15 whole-time dental surgeons. There are also two part-time dental surgeons (employed also by other Authorities) who undertake work on behalf of the Committee for pupils in attendance at schools for further education. A third part-time dental surgeon left the Committee's service in January last.

The Service began its year of work in conditions more favourable than any since the outbreak of war. These conditions lasted till June when the resumption of enemy activity in one form or another and the subsequent evacuation of women and children seriously affected attendance, for some elementary schools were closed and others functioned on a much reduced scale.

Of the 48,462 elementary school children inspected 63.20% were found in need of treatment and 52.35% of these accepted the treatment offered. 86.12% who began treatment completed it in 30,594 attendances, including 665 for orthodontic work. Of pupils in attendance at schools for higher education, 11,373 were inspected, and of these 60% were found to require treatment. 63% applied for treatment at the Committee's clinics and 78% who began treatment completed it in 9,951 attendances, including 221 with irregular teeth.

The average daily amount of work done was :—

	Attendances	Completely treated	New cases	Extractions	Teeth filled	Fillings inserted
Elementary	14.12	6.38	7.40	11.06	8.94	10.00
Higher ...	16.00	5.40	6.80	3.00	15.52	16.00

It has not been possible to conduct dental inspections in all schools. 103 elementary and 10 schools for higher education were not visited. Full protective inspection and treatment cannot be provided for all in need of them until additional staff is appointed, which is quite out of the question under present circumstances.

Treatment has been carried out in 31 permanent clinics and at 103 temporary centres which are set up in districts remote from permanent centres. They now form an integral part of the service and invariably produce a higher acceptance rate, better attendances and a higher degree of co-operation between staff, teachers and parents, than would be possible if parents had to take their children long distances to get treatment.

The following are abstracts taken from two of the reports of the dental surgeons :—

"A most satisfactory year's work, especially having regard to difficulties of travel in this area, probably the worst for public transport in Kent. The children have regularly attended, even during shell warnings—a tribute to their own composure and to the facilities provided by the Committee."

"I am strongly of the opinion that the work reaches its highest value when the clinic is actually on school premises. Attendance, efficiency, educational value, and co-operation with staff and parents reach their highest peak under these conditions."

*Speech Clinics.*—Clinics at Ashford and Tonbridge were opened on 24th January, 1944. The Speech Therapist is Miss M. Nussey and each clinic is open for one half-day a week. As in the case of Chislehurst, Dartford and Orpington they are visited by Dr. Gladys Stableforth whose annual statement is given below :—

## REPORT FOR SPEECH CLINICS FOR 1944.

Total number of cases treated	...	...	...	...	...	...	157
" " " discharged	...	...	...	...	...	...	74
" " " now attending	...	...	...	...	...	...	83
" " " referred for physical treatment	...	...	...	...	...	...	16
" " " " " psychological treatment	...	...	...	...	...	...	11
" " " " " surgical	...	...	...	...	...	...	3
" " " " " dental	...	...	...	...	...	...	6
" " " under monthly observation	...	...	...	...	...	...	16
" " " of stammerers	...	...	...	...	...	...	46
" " " " " sigmatism	...	...	...	...	...	...	17
" " " " " dyslalia	...	...	...	...	...	...	47
" " " " " cleft palate	...	...	...	...	...	...	12
" " " " " alalia	...	...	...	...	...	...	4
" " " " " organic deafness	...	...	...	...	...	...	3
" " " " " agenesis	...	...	...	...	...	...	16
" " " " " rhinolalia	...	...	...	...	...	...	2
" " " " " speech inhibition	...	...	...	...	...	...	1
" " " " " Little's disease (Congenital aphasia)	...	...	...	...	...	...	4

" Up to June, 1944, the attendance on the whole was excellent, but the work in the clinics was very disorganised in the Chislehurst, Dartford and Orpington areas particularly, owing to the air-raid situation and evacuation.

" We have the students from the West End Hospital assisting at the Chislehurst, Dartford and Orpington clinics as previously and this is a great advantage to us."

*Child Guidance clinics.*—There are in the County two Child Guidance clinics each with a team of workers—at Tonbridge which began on 24th January, 1944, and is open two half-days a week at present, and at Canterbury which opened on 1st March, 1944, and is open two days a week. The former has been established by the Kent Education Committee; the latter by the Canterbury Local Education Authority with whom the Committee has a working arrangement. In addition, there is a whole-time psychiatrist who holds diagnostic and treatment sessions at Ashford, Chislehurst, Crayford and Maidstone. It has not yet been possible to secure complete teams of workers at these centres. A Psychiatric Social Worker acts as a half-time officer, chiefly at Crayford. The Chislehurst clinic under the ægis of the Public Health Committee was closed on 14th August, 1944.

Child Guidance clinics should be able to make a real contribution to social welfare and there is large scope for the development of psychiatry in various directions, e.g., in vocational guidance with regard to individuals presenting special difficulties. A danger to be recognised and provided for in some way is the tendency said to exist in some parts of the Country for magistrates, teachers and others to use the Child Guidance clinic as a dumping ground for their difficulties, and for the clinic to accept them all in the full assurance that almost anyone could benefit. Perhaps Local Reference Committees in connection with some existing social service and with opportunity for consultation with the psychiatrists would meet the situation.

In all, 187 children living in the Committee's area have been examined. Of these, forty per cent. were dealt with on the basis of diagnosis and advice as to handling or disposal. The remaining sixty per cent. received psychotherapeutic treatment at the clinics, at weekly intervals for periods up to six months. The results of this treatment in selected cases are reported to be good.

*Asthma and Remedial Exercises Clinics.*—These are held in N.W. Kent. Attendance has been severely interrupted by the flying bombs. The nurses in attendance and others interested visited the Great Ormond Street Hospital for Sick Children early in the year for a course of demonstrations in the breathing exercises and games suitable for asthmatics.

The remedial exercises clinic at Chislehurst has had to be closed owing to staffing difficulties.

## CO-OPERATION WITH VOLUNTARY BODIES.

*The Kent Voluntary Aid Association* for Mental Welfare reports that 355 feeble-minded children were under supervision on 31st December, 1944, new cases and "ascertainments" exactly balancing the number of cases (sixty-seven) removed from the list. Twelve of these children were admitted to residential special schools. Reference is made to the requirements of the new Education Act. In this connection it may be of interest to quote a paragraph from a staff memorandum to the Committee on the provision which should be made for handicapped children, viz. :—

" *Feeble-minded.*—The 1921 Act defines these children as comprising those who are too dull to be taught in public elementary schools, but who can be taught in special schools. According to the Wood report of 15 years ago, it is to be expected that 4/5ths of these could be provided for in day schools. The 1944 Act no longer retains the designation 'feeble-minded,' nor is certification continued. The group will henceforth include many children classified as 'dull and backward.' Ascertainment apparently is to continue as heretofore. This should be a function of the teaching staff, assisted by an educational psychologist, with a doctor's help in ensuring that the dullness is not due to physical causes. Reference to a psychiatrist may be necessary on occasion in connection with the possible presence of psycho-neuroses or disorders of personality."

*The Kent Council of Social Service* reports that under the "delicate school children" scheme a total of 8,531 children were under supervision in 1944, 6,746 being brought forward from 1943.

*The National Society for the Prevention of Cruelty to Children* continues to afford valuable assistance in securing an improvement in the lot of children who are neglected in various ways, including neglect to obtain medical treatment. Action is reported in the case of 173 families involving 424 children. The Society succeeds on occasion when all other efforts have failed. It deserves special acknowledgment.



## MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

TABLE 1

*A.—Routine Medical Inspections.*

## NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants ... ..	9,546
Second Age Group ... ..	7,229
Third Age Group ... ..	6,928
Total ... ..	23,703
Number of other Routine Inspections ... ..	—
Grand Total ... ..	23,703

*B.—Other Inspections.*

Number of Special Inspections and Re-Inspections ... ..	36,952
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TABLE 2

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR  
IN THE ROUTINE AGE GROUPS, YEAR ENDED DECEMBER 31ST, 1944.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ... ..	9,546	2,393	25.1	6,111	64.0	955	10.0	87	0.9
Second Age-group ...	7,229	1,638	22.6	4,553	63.0	967	13.4	71	1.0
Third Age-group... ..	6,928	1,470	21.2	4,463	64.4	920	13.3	75	1.1
Other Routine Inspections	—	—	—	—	—	—	—	—	—
TOTAL ... ..	23,703	5,501	23.2	15,127	63.8	2,842	12.0	233	1.0

TABLE 3.

## GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

*Total Number of Defects treated or under treatment during the year under the Authority's Scheme ... 7,746.*

## GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint). ... ..	4,043	55	4,098
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	—	—	—
Total ... ..	4,043	55	4,098
No. of Children for whom spectacles were	Under the Authority's Scheme.	Otherwise.	Total.
(a) Prescribed ... ..	1,445	29	1,474
(b) Obtained ... ..	1,315	28	1,343

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

No. of Defects.			
Received Operative Treatment.		Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.		
(1)	(2)	(3)	(4)
1,476	250	—	1,726

NOTE.—The figures given in the above Groups II. and III. relate to the year ended 30th June, 1944.

TABLE 4.  
DENTAL INSPECTION AND TREATMENT.

(1)	Number of children inspected by the Dentists :					
(a)	Routine Age Groups...	...	...	...	...	47,642
(b)	Specials	...	...	...	...	820
(c)	TOTAL (Routine and Specials)					Total 48,462
(2)	Number found to require treatment					30,653
(3)	Number actually treated...					16,048
(4)	Attendances made by children for treatment					30,594
(5)	Half-days devoted to	...	{ Inspection	...	454½	} Total 4,786½
		...	{ Treatment	...	4,332	
(6)	Fillings	...	{ Permanent Teeth	...	14,155	} Total 19,488
		...	{ Temporary Teeth	...	5,333	
(7)	Extractions	...	{ Permanent Teeth	...	2,861	} Total 23,981
		...	{ Temporary Teeth	...	21,120	
(8)	Administrations of general anæsthetics for extractions					485
(9)	Other operations	...	{ Permanent Teeth	...	4,131	} Total 9,035
		...	{ Temporary Teeth	...	4,904	

TABLE 5.  
UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	...	...	...	6.2
(ii)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	...	...	...	222,700
(iii)	Number of individual children found unclean	...	...	...	...	...	...	...	...	4,814
(iv)	Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	...	...	...	...	...	...	...	...	—
(v)	Number of cases in which legal proceedings were taken :									
	(a) Under the Education Act, 1921	...	...	...	...	...	...	...	...	—
	(b) Under the School Attendance Byelaws	...	...	...	...	...	...	...	...	9

TABLE 6—BLIND AND DEAF CHILDREN.

	At Public Elementary Schools. (1)	At an Institution other than a Special School. (2)	At no School or Institution. (3)	Total not receiving suitable education. (4)
Blind Children ...	—	—	—	—
Deaf Children ...	—	—	9	9

*Mentally Defective Children.*

Total number of children notified during the year ending 31st December, 1943, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928 ... 58



## MAINTAINED AND AIDED SECONDARY, DAY TECHNICAL AND PRIVATE SCHOOLS.

TABLE 7.

*A.—Routine Medical Inspection.**Number of Children Inspected 1st January, 1944, to 31st December, 1944.*

Age.	5	6	7	8	9	10	11	12
Number examined ... ..	26	22	33	78	102	156	1507	512

Age.	13	14	15	16	17	18	19	Totals.
Number Examined ... ..	655	2,846	899	2,349	57	12	1	9,255

*B.—Other Inspections.*

Number of Special Inspections and Re-Inspections ... ..	7,730
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TABLE 8

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR  
IN THE ROUTINE AGE GROUPS, YEAR ENDED DECEMBER 31ST, 1944.

Year of Birth	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
1933 ... ..	1,507	353	23	1,037	69	116	8	1	—
1930 ... ..	2,846	784	27	1,811	64	233	8	18	1
1928 ... ..	2,349	750	32	1,458	62	136	6	5	—
Other Ages ... ..	2,553	624	25	1,629	64	291	11	9	—
TOTAL ... ..	9,255	2,511	27	5,935	64	776	9	33	—

TABLE 9.

## GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint). ... ..	1,281	270	1,551
Other defect or disease of the eyes ... ..	—	—	—
Total ... ..	1,281	270	1,551
	Under the Authority's Scheme.	Otherwise.	Total.
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed ... ..	486	180	666
(b) Obtained ... ..	485	179	664

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

No. of Defects.			
Received Operative Treatment.		Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.		
(1)	(2)	(3)	(4)
70	31	—	101

NOTE.—The figures given in the above Groups relate to the year ended 30th June, 1944.

TABLE 10.

## DENTAL INSPECTION AND TREATMENT.

(1) Number of Children inspected by the Dentists ...	11,373		
(2) Number found to require treatment ... ..	6,871		
(3) Number actually treated ... ..	4,332		
(4) Attendances made by children for treatment ...	9,951		
(5) Half-days devoted to ...	<div> <div>Inspection ... ..</div> <div>Treatment ... ..</div> </div>	<div> <div>86½</div> <div>1,241½</div> </div>	Total 1,328½
(6) Fillings ... ..	<div> <div>Permanent Teeth ...</div> <div>Temporary Teeth ...</div> </div>	<div> <div>9,227</div> <div>40</div> </div>	Total 9,267
(7) Extractions ... ..	<div> <div>Permanent Teeth ...</div> <div>Temporary Teeth ...</div> </div>	<div> <div>1,316</div> <div>554</div> </div>	Total 1,870
(8) Administrations of general anæsthetics for extractions ... ..	43		
(9) Other Operations ... ..	<div> <div>Permanent Teeth ...</div> <div>Temporary Teeth ...</div> </div>	<div> <div>1,825</div> <div>121</div> </div>	Total 1,946

